

**QUARTERLY STATEMENT
OF THE
Windsor Health Plan of TN, Inc.**

**of
Brentwood
in the state of
Tennessee**

**TO THE
Insurance Department
OF THE STATE OF
Tennessee**

**FOR THE QUARTER ENDED
March 31, 2006**

2006

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C&I TENNCARE



QUARTERLY STATEMENT
AS OF March 31, 2006
OF THE CONDITION AND AFFAIRS OF THE
Windsor Health Plan of TN, Inc.

NAIC Group Code	1268 (Current Period)	1268 (Prior Period)	NAIC Company Code	95792	Employer's ID Number	62-1531881
Organized under the Laws of	Tennessee		State of Domicile or Port of Entry	Tennessee		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	05/14/1993		Commenced Business	01/01/1994		
Statutory Home Office	7100 Commerce Way, Suite 285 (Street and Number)		Brentwood, TN 37027 (City, or Town, State and Zip Code)			
Main Administrative Office			7100 Commerce Way, Suite 285 (Street and Number)			
	Brentwood, TN 37027 (City or Town, State and Zip Code)		(615)782-7800 (Area Code) (Telephone Number)			
Mail Address	7100 Commerce Way, Suite 285 (Street and Number or P.O. Box)		Brentwood, TN 37027 (City, or Town, State and Zip Code)			
Primary Location of Books and Records			7100 Commerce Way, Suite 285 (Street and Number)			
	Brentwood, TN 37027 (City, or Town, State and Zip Code)		(615)782-7914 (Area Code) (Telephone Number)			
Internet Website Address						
Statutory Statement Contact	Jennifer Giannotti (Name)		(615)782-7914 (Area Code)(Telephone Number)(Extension)			
	jgiannotti@windsorhealthgroup.com (E-Mail Address)		(615)782-7826 (Fax Number)			
Policyowner Relations Contact						

OFFICERS

Name	Title
Michael Bailey	President
Willis Jones	Secretary
	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Philip Hertik
Michael Bailey

Willis Jones

State of Tennessee
County of Williamson ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael Bailey
(Signature)
Michael Bailey
(Printed Name)
President
(Title)

Willis Jones
(Signature)
Willis Jones
(Printed Name)
Secretary
(Title)

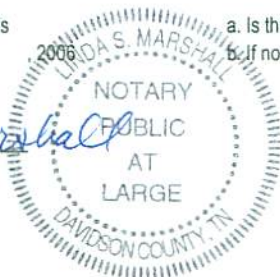
(Signature)

(Printed Name)
Treasurer
(Title)

Subscribed and sworn to before me this
24th day of May

Linda S. Marshall
(Notary Public Signature)

MY COMMISSION EXPIRES:
January 26, 2008



a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[] No[X]
1
1

Report #2A: TENNCARE OPERATIONS STATEMENT OF REVENUES & EXPENSES

		Current Quarter	Current Year	Prior Year Year
	MEMBER MONTHS	139,676	379,883	379,883
	REVENUES:			
1.	TennCare Capitation*	29,078,897	29,078,897	83,797,270
2.	Investment	58,630	58,630	172,558
3.	Other Revenue (Provide Detail)	-	-	-
4.	TOTAL REVENUES (Lines 1 to 3)	29,137,526	29,137,526	83,969,828
	EXPENSES:			
	Medical and Hospital Services			
5.	Capitated Physician Services	71	71	1,945,280
6.	Fee-for-Service Physician Services	6,282,263	6,282,263	18,923,216
7.	Inpatient Hospital Services	10,650,742	10,650,742	42,455,459
8.	Outpatient Services	7,110,064	7,110,064	22,109,968
9.	Emergency Room Services	-	-	-
10.	Mental Health Services	-	-	-
11.	Dental Services	12,198	12,198	22,980
12.	Vision Services	93,297	93,297	299,910
13.	Pharmacy Services	-	-	(13,678)
14.	Home Health Services	-	-	-
15.	Chiropractic Services	Not available	Not available	Not available
16.	Radiology Services	Not available	Not available	Not available
17.	Laboratory Services	-	-	-
18.	Durable Medical Equipment Services	Not available	Not available	Not available
19.	Transportation Services	540,500	540,500	1,978,622
20.	Outside Referrals	-	-	-
21.	Medical Incentive Pool and Withhold Adjustments	-	-	-
22.	Occupancy, Depreciation, and Amortization	-	-	-
23.	Other Medical and Hospital Services (Provide Detail)	2,482,283	2,482,283	8,056,635
24.	Subtotal (Lines 5 to 23)	27,171,418	27,171,418	95,778,392
25.	Reinsurance Expenses Net of Recoveries	-	-	-
	LESS:			
26.	Copayments	Not available	Not available	Not available
27.	Subrogation	Not available	Not available	Not available
28.	Coordination of Benefits	Not available	Not available	Not available
29.	Subtotal (Lines 26 to 28)	-	-	-
30.	TOTAL MEDICAL AND HOSPITAL (Lines 24 and 25 less 29)	27,171,418	27,171,418	95,778,392
	Administration:			
31.	Compensation	894,220	894,220	-
32.	Marketing	-	-	-
33.	Interest Expense	-	-	-
34.	Premium Tax Expense	412,979	412,979	2,128,792
35.	Occupancy, Depreciation, and Amortization	18,789	18,789	42,453
36.	Other Administrative (Provide Detail)	745,885	745,885	11,023,741
37.	TOTAL ADMINISTRATION (Lines 31 to 36)	2,071,873	2,071,873	13,194,986
38.	TOTAL EXPENSES (Lines 30 and 37)	29,243,291	29,243,291	108,973,378
39.	NET INCOME (LOSS) (Line 4 less Line 38)	(105,765)	(105,765)	(25,003,550)

23.	Detail of Other Medical and Hospital:			
	Ancillary Claims (includes DME, lab, rad, chiro, MH/SA, etc.)	681,646	681,646	1,667,995
	IBNR Adjustment	-	-	7,617,500
	Global Capitation	1,800,637	1,800,637	25,357,922
	Total Other Medical and Hospital	2,482,283	2,482,283	34,643,417

36.	Detail of Other Administrative:			
	Other Taxes and License Fees	-	-	660
	Consulting, Accounting, Legal Expense	14,250	14,250	62,191
	Bank Service Charges	-	-	-
	Pharmacy Administrative Expense	-	-	-
	Insurance Expense	-	-	-
	Physician Advisory Committee/ Med Dir Services	-	-	-
	Other Misc. Expenses	731,635	731,635	4,094,629
	Total Other Administrative	745,885	745,885	4,157,480

*TennCare capitation is based on premium rates received from the Bureau of TennCare in 2002. These rates have not been adjusted in subsequent years and therefore do not reflect what true premium revenue would be in the current year. As a result, the net loss shown above is not an accurate reflection of WHP's financial results in a risk environment.